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Karen B. Nejedly (Depositor's name)
(Signature)
October 27, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/643,156	08/18/2003	Shane L. Nickel	12256.7US01	3549

TITLE OF INVENTION: SCAFFOLD LIFT SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	10/27/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
THOMPSON, HUGH B	3634	182-141000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Reechcraft, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Fargo, North Dakota U.S.A.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Gregory A. Sebald

Date

10/27/05

Typed or printed name

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33,280

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TO:

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FROM: Gregory A. Sebald

OUR REF: 12256.0007US01

TELEPHONE: 612-332-5300

Total pages, including cover letter: 2PTO FAX NUMBER 1-571-273-8300

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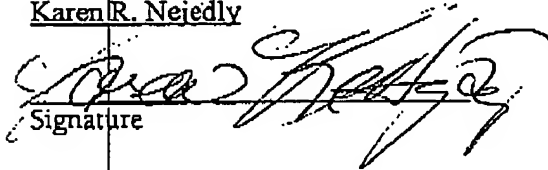
Part B - ISSUE FEE TRANSMITTALApplicant: Shane L. NickelSerial No.: 10/643,156Filed: August 18, 2003Group Art Unit: 3634Our Ref. No. 12256.0007US01Confirmation No. 3549**RECEIVED**
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Please charge Deposit Account No. 13-2725 in the amount of \$1,000.00 (Issue Fee \$700; Publication Fee \$300).

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